

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041628

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

642

FILED NOV 19 1962

1. PLACE OF DEATH

a. COUNTY **Boone**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Columbia**

Length of stay in 1b
22da

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **University of Mo MC.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Lincoln**

c. CITY OR TOWN **Foley**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First **Patricia** Middle **Sue** Last **Schieffer**

4. DATE OF DEATH

Month **11** Day **13** Year **1962**

5. SEX

Female

6. COLOR OR RACE

W.

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-30-62

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months **2** Days **14** Hours **_____** Min. **_____**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Troy Missouri

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Howard W Schieffer

13b. MOTHER'S MAIDEN NAME

Nancy Dryden

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **University of Mo Medical Records Mo.** Address **Columbia**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

AGENESIS OF (R) LUNG

INTERVAL BETWEEN ONSET AND DEATH

SINCE BORN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

WITH **CONGENITAL HEART DISEASE**

WITH **PROGRESSIVE EMPHYSEMA**

CONGENITAL HEART DISEASE

SINCE BORN

PROGRESSIVE EMPHYSEMA

4 DAYS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour **_____** a.m. **_____** p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **OCT. 22, 1962** to **NOV. 13, 1962** and last saw **her** alive on **NOV. 13, 1962**
Death occurred at **12:55 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mark E. Roman, M.D.

22b. ADDRESS

University Medical Ctr

22c. DATE SIGNED

10/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11/14/62

23c. NAME OF CEMETERY OR CREMATORY

ASBURY CHAPEL

23d. LOCATION (City, town, or county)

LINCOLN Co. MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

MEMBER-MARSH FUNERAL HOME MO.

25. DATE RECD. BY LOCAL REG.

NOV 14, 1962

26. REGISTRAR'S SIGNATURE

MRS R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

BODY WAS NOT EMBALMED

Student _____
Signature of Student Embalmer

Signed Joseph J. Marsh Sr.

Licensed Embalmer No. 3932

P. O. Address TROY, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.